

C 1 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

DATE RECEIVED: MM DD YY

DATE WELL COMPLETED: 12-13-23

Depth of Well: 22 4 0 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": 110-00-0346

OWNER: _____

WELL SITE ADDRESS: _____ TOWN: ELICHTON, MD

SUBDIVISION: _____ SECTION: _____ LOT: _____

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
<u>...</u>	<u>20</u>		
<u>...</u>	<u>26</u>	<u>27</u>	
<u>...</u>	<u>27</u>	<u>38</u>	
<u>...</u>	<u>40</u>	<u>43</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS 10 NO. OF POUNDS 300

GALLONS OF WATER 300

DEPTH OF GROUT SEAL (to nearest foot)

from 3 ft. to 43 ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE

PL PLASTIC **OT** OTHER

MAIN CASING TYPE **PL**

Nominal diameter top (main) casing (nearest inch): 4

Total depth of main casing (nearest foot): 43

OTHER CASING (if used)

depth (feet) diameter inch from to

SCREEN RECORD

screen type or open hole (insert appropriate code below)

ST STEEL **BR** BRASS **HO** OPEN HOLE

PL PLASTIC **OT** OTHER

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6.0

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 60 ft.

WHEN PUMPING 440 ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine

C centrifugal **R** rotary **O** other (describe below)

J jet **S** submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 510

DRILLERS SIGNATURE: _____

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2

DEPTH (nearest ft.)

4.0

A C H S R E E N

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)

from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) _____ W Q _____

70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) **YES** **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 36 _____

PUMP HORSE POWER 37 _____ 41 _____

PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE

- below } 1 (nearest foot)

LATITUDE 39.13222838

LONGITUDE 76.56772935712

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1	72270	SEQUENCE NO. (MDE USE ONLY) 1	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-20-0346 <small>70 fill in this form completely 79</small>
------------	-------	-------------------------------------	--	---

OWNER INFORMATION

8 **Date Received (APA)** _____

15 **Owner's Name** August, Jason & Stephanie

36 **Street or RD** 12187 Trindolph Rd

57 **Town** Ellicott City **State** MD **Zip** 21042

B 3 LOCATION OF WELL

8 **COUNTY** Howard

23 **SUBDIVISION** 2/11/2024 MC

SECTION 46 LOT 50

52 **NEAREST TOWN** Ellicott City

DRILLER INFORMATION

76 **Driller's Name** Wesley Wolfe **License No.** M W D 598

81 **Firm Name** Filled Well Drilling

Address PO Box 129 Annapolis Junction MD 20722

Signature Wesley Wolfe Date 12/04/23

B 4 SOURCES OF DRILLING WATER

1. ROCK

11 **STREET ADDRESS** 12187 Trindolph Rd

34 **DISTANCE FROM ROAD** 600

37 **ENTER FT OR MI** 19

38 **TAX MAP:** 0016 **BLK:** 19 **PARCEL:** 038

B 2 WELL INFORMATION

1 **APPROX. PUMPING RATE (GAL. PER MIN.)** 1,000

2 **AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)** 14

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 12/7/23 12/7/24

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE

DIN. 12/2/23 DIG. 12/1/23 DOY.

APPROXIMATE DEPTH OF WELL 450 FEET

APPROXIMATE DIAMETER OF WELL _____ INCH

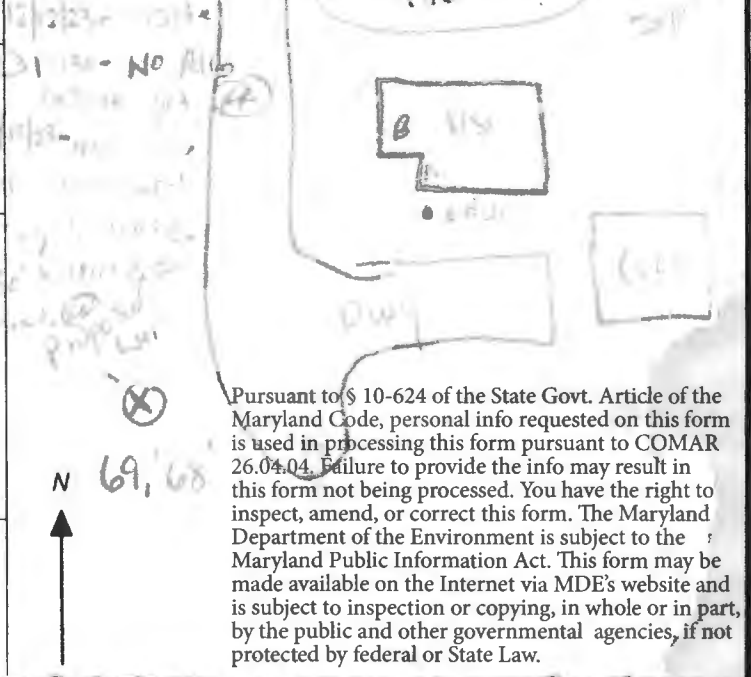
PROPOSED LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE Reverse-ROTary Drive-POINT



REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____

PERMIT No. HO-20-0346

SPECIAL CONDITIONS RADIUM SAMPLE REQUIRED (2), YIELD TEST

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

Maura J. Rossman, M.D., Health Officer

February 14, 2024

Jason & Stephanie Aungst
12187 Triadelphia Rd.
Ellicott City, MD. 21042

RE: Health Concerns related to the replacement well drilled by Allied Well Drilling (HO-20-0346)

Mr. & Mrs. Aungst,

The Health Department has it on record that Allied Well Drilling drilled and grouted the replacement well on your property on December 12 & 13, 2023. However, we were informed that they were not asked to complete the yield test, drop the pump and/or connect the new well to the house.

Please be advised that the well construction permit released by the Health Department to Allied Well Drilling requires radium testing at the yield test. You live in an area with elevated levels of radium in the private water supply, so it's necessary to get this health-related information for you and for the record.

If the well has been connected to the house, that connection was not inspected by the Health Department. Be advised that there may be potability issues since we were not able to inspect the well line installation. The usual procedure is that once there's notification that the well construction is completed and the well is connected to the house, the Health Department will offer free potability testing. Additionally, the radium water sampling testing that was supposed to occur during the yield test would've also been free of charge.

The last piece of this well replacement procedure is the abandonment of the old well. The abandonment of the old well is guided by MD State regulations, COMAR 26.04.04.34 and is required to be completed by a licensed well driller.

If the well has been connected to the house, we request that you contact the Health Department's Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well. These tests are required by State Regulations called the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrate, turbidity, and sand.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-1781. Otherwise, please call the Community Hygiene Program at 410-313-1773 to schedule a day and time for the water samples.

Respectfully,



Ryan Rappaport, LEHS
Groundwater Management Program



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER

HO-20- 0346

INFORMATION - GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-WP-23-03430
Application Type: EnvHealth/Well and Septic/Installation/Application
Address: 12187 Triadelphia RD,

Receipt No.	8515					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	31220	\$160.00	12/12/2023	JUKING		Receipt # 75733

Work Description: Well Permit/ 12187 Triadelphia Rd

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
6/14	No response from homeowner regarding radon testing and well
	line inspection letter that was sent on 2/14/2024. (MB)

Real Property Data Search ()
 Search Result for HOWARD COUNTY

[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 03 Account Number - 281094

Owner Information

Owner Name: AUNGST JASON Use: RESIDENTIAL
 AUNGST STEPHANIE Principal Residence: YES
 Mailing Address: 12187 TRIADELPHIA RD Deed Reference: /16794/ 00476
 ELLICOTT CITY MD 21042-1009

Location & Structure Information

Premises Address: 12187 TRIADELPHIA RD Legal Description: 4.381 ACRES
 ELLICOTT CITY 21042-0000 12187 TRIADELPHIA RD

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
 0016 0019 0138 3020202.14 2002 2022 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1902 1,792 SF 4.3800 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements
 2 NO STANDARD UNITFRAME/4 2 full 1 Detached

Value Information

	Base Value	Value		
		As of 01/01/2022	As of 07/01/2023	As of 07/01/2024
Land:	270,300	281,500		
Improvements	222,600	284,700		
Total:	492,900	566,200	541,767	566,200
Preferential Land:	0	0		

Transfer Information

Seller: BRUBAKER LESTER D Date: 04/15/2016 Price: \$485,000
 Type: ARMS LENGTH IMPROVED Deed1: /16794/ 00476 Deed2:
 Seller: BRUBAKER LESTER D & WF Date: 04/30/1996 Price: \$0
 Type: NON-ARMS LENGTH OTHER Deed1: /03715/ 00239 Deed2:
 Seller: Date: Price:
 Type: Deed1: Deed2:

Exemption Information

Partial Exempt Assessments: Class		07/01/2023	07/01/2024
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: Approved 06/20/2017

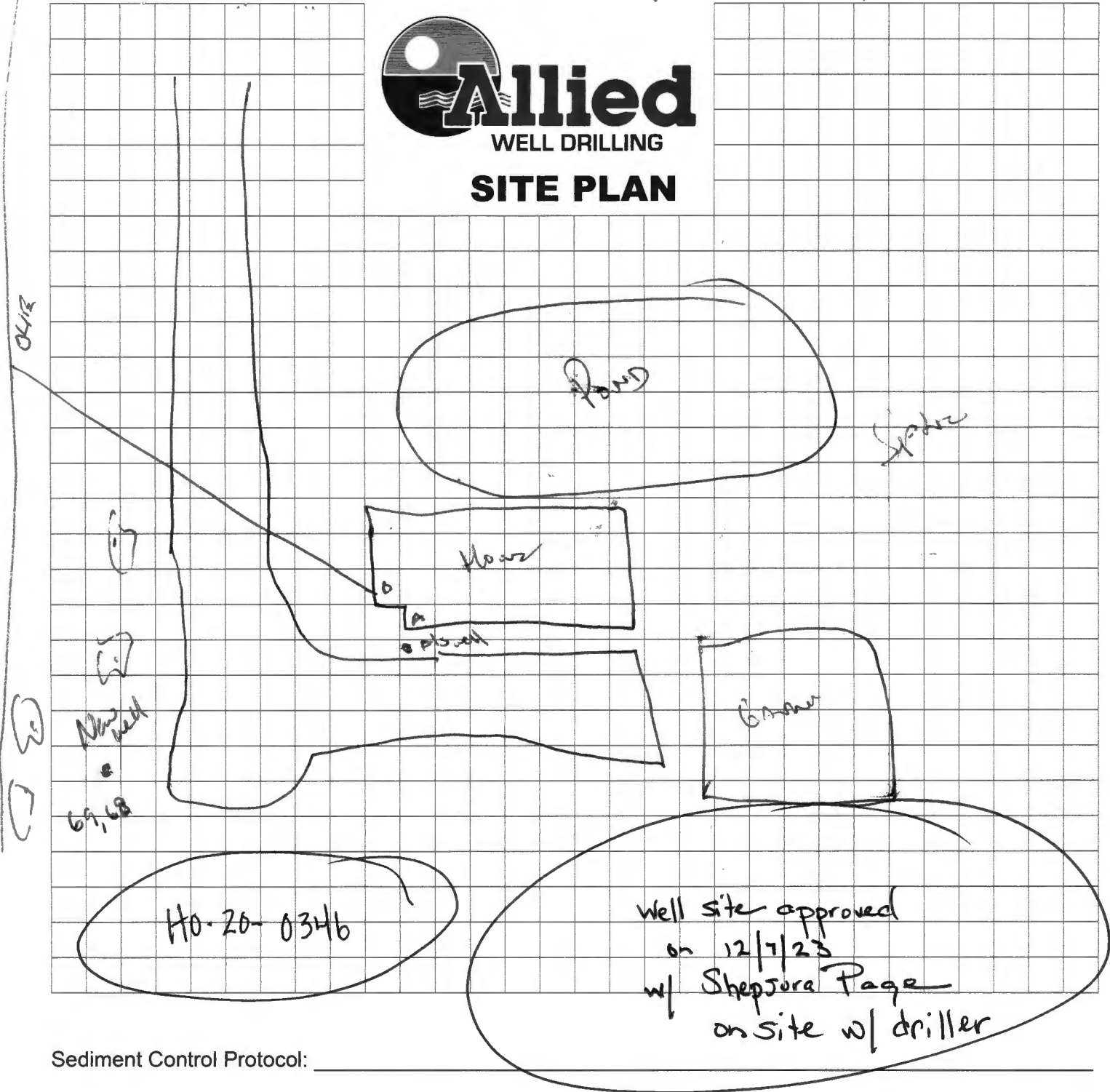
Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

12187 Inverdelpha Rd



SITE PLAN



Sediment Control Protocol: _____

Distance From House: 68
 From Septic: 100'
 From Sewer: N/A
 From Property Line: ~ 15'
 From Street: 100'

Trees Nearby: yes - no 04
 Utility Issues: NO
 Mats Needed: NO
 Access For H/U: missile under driveway
 Neighboring Tags: _____

Comments: _____

Person Completing Form: _____